**PERI-PROCEDURAL COMPLICATION RATES AMONG FALSE AND TRUE ST ELEVATION MYOCARDIAL INFARCTION ACTIVATIONS TAKEN TO THE CARDIAC CATHETERIZATION LABORATORY**

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**Objective:**To compare complication rates among true versus false STEMI activations taken to the Cardiac Catheterization Laboratory.

**Method:** We reviewed the medical records of all patients presenting to our institution for percutaneous coronary intervention for possible STEMI from July 2012 to November 2014. A false STEMI activation was defined as a lack of clinical and electrocardiographic evidence of ongoing myocardial infarction. Patients who underwent cardiac catheterization without an obvious culprit lesion corresponding to the ECG changes were also included as false STEMI, Periprocedural complication rates were compared using chi squared as well as Fisher exact tests. Major bleed was defined as drop of hemoglobin by 3g/dl or need for transfusion.

**Results:** Of the 442 total STEMI activations, 154 (34.8%) were false. False versus true STEMI rates of major bleed (10.3% vs 16.3%, p=0.2307), access site hematoma (1.2% vs 2.4%, p=0.6873), thrombosis of the left external iliac artery (0% vs 0.7%, p=1), right femoral artery pseudo aneurysm (0% vs 1.7%, p=0.5941), femoral artery dissection (0% vs 0.3%, p=1) and coronary artery dissection (0.5% vs 3.1%, p=0.1246) were not significantly different. Similarly, rates of intraprocedure ventricular tachycardia (0% vs 3.8%, p=0.075) and intraprocedure ventricular fibrillation (0% vs 1.4%, p=0.577) in the false versus true STEMI groups were comparable.

**Conclusion:** No significant differences in periprocedural complication rates were noted between the true and false STEMI cohorts.